Name in Full Nellie Humbrough. Certificate of Death

Died at Town Berlin County Harcester MARYLAND

Date 189 9 Month 7 Day 29 | Age Y. — M. 8 D. | Native of Md | Occupation —

~~Male~~ White ~~Married~~ ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ Single ~~Widower~~ ~~Number of children~~ living

~~Husband~~ of ~~Wife~~ 82

Father's Name Theodore Humbrow Mother's Name Melvina Humbrow

Cause of Death: Primary teeting + nutrition — How long sick One week

Immediate Cholera Infantum ~~Accident, Suicide, Homicide~~

Reported by E Holland

Address Berlin Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79999

Name In Full: Sharlott Bennet

Certificate of Death

Died at: Town: near Pocomoke County: Worcester MARYLAND

Date 189 9 Month 7 Day 1 | Age Y. 76 M. about D. | Native of Maryland | Occupation

~~Male~~ Female | White ~~Colored~~ | Married Single | Widow ~~Widower~~ | Divorced

Number of children living 2

Husband of Wife: Dont Know

Father's Name: Dont Know

Mother's Name

Cause of Death: Primary: Dysentery

Immediate

How long sick: 2 weeks

Accident, Suicide, Homicide

Reported by: C. T. Hargis

Address: Pocomoke City Maryland

Must be signed by physician, if eny in attendance, otherwise by coroner, undertaker or minister.

OVER

LIBRARY BUREAU, 78808

Attended by Dr. _____

of _____

Seen by Coroner _____

of _____

Information contained in this certificate received from _____

of _____

Name In Full James Birney

Certificate of Death

Died at Town Ocean City County Worcester MARYLAND

Date 189 9 Month July Day 22 Aga Y. 14 M. D. Native of Md Occupation Student

Male White ~~Married~~ ~~Widow~~ ~~Divorced~~

~~Female~~ ~~Colored~~ ~~Single~~ ~~Widower~~ Number ~~of children living~~

Husband of Wife

Father's Name A A Birney

Mother's Name

Cause of Death Primary Drowned 148

Immediate

How long sick accident

~~Accident~~, Suicide, Homicide

Reported by J. J. Dunton

Address Ocean City

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, [illegible]

Attended by Dr Paul Jones

of Ocean City

Seen by Coroner J E Wise M.D.

of

Information contained in this certificate re-
ceived from Armstrong

of

Name In Full Author Birney

Certificate of Death

Died at Town Ocean City County Worcester MARYLAND

Date 1899 Month July Day 22 | Age Y. 16 M. — D. | Native of Md | Occupation Student

Male ~~Female~~ White ~~Colored~~ ~~Married~~ Single ~~Widow~~ ~~Widower~~ ~~Divorced~~ ~~Number of children living~~

Husband of Wife —

Father's Name A A Birney

Mother's Name —

Cause of Death: Primary Drowned 148 | How long sick

Immediate Drowned | Accident, ~~Suicide~~, ~~Homicide~~

Reported by J. J. Dunton

Address Ocean City

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Attended by Dr. Paul Sours

of Clear Lake

~~Sworn by Mortgagor~~ J. E. Wise M.D.

Information contained in this certificate

ceived from Armstrong

of Bathurst

End

Name In Full | Certificate of Death

Elmer Lee Blake.

Died at Town: Snow Hill County: Worcester MARYLAND

Date 1899 Month: July Day: 9th | Age Y. 0 M. 7 D. 1 | Native of: Md. | Occupation: none

Male ~~Female~~ | ~~White~~ Colored | ~~Married~~ Single | ~~Widow~~ ~~Widower~~ | ~~Divorced~~ Number of children living

Husbend of Wife: Son.

Father's Name: Sydney. Blake | Mother's Name: Mary Catherine Blake

Cause of Death: Primery: Thrash 78 | How long sick: 35 Days

Immediate: Yes. | Accident, Suicide, Homicide

Reported by: William S. Williams

Address: Snow Hill Worcester Co. Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 7[illegible]

Attended by Dr. John J. Stuart attended

of Emmitsburg Md.

Seen by Coroner

of

Information contained in this certificate received

from

of

Name in Full | Certificate of Death

Mary Bratten

Died at Town Atkinsons District County Worcester MARYLAND

Date 1899 Month July Day 23 Age Y. 74 M. D. Native of Worcester Co Occupation [illegible]

~~Male~~ White ~~Married~~ ~~Widow~~ ~~Divorced~~

Female ~~Colored~~ Single ~~Widower~~ ~~Number of children living~~

Husband of Wife

Father's Name Benjamine B Bratten Mother's Name Nip White

Cause of Death: Primary Paralysis 44 How long sick one week

Immediate " ~~Accident, Suicide, Homicide~~

Reported by J. T. Coxton

Address Pocomoke Maryland

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Dr Chas. Jones

Snow Hill

Md

Name in Full James Buck

Certificate of Death

Died at Town Near Timshire County Worcester MARYLAND

Data 1899 Month July Day 31 | Age Y. 25 M. - D. | Native of Maryland | Occupation Farmer

Male White Married Widow Divorced

Female Colored Single Widower Number of children living

Husband of Wife

Father's Name James Buck

Mother's Name Elizabeth Buck

Cause of Death: Primary Epilepsy 148 | How long sick

Immediate Drinking | Accidant, Suicide, Homicide

Reported by John T. Hammond

Address Berlin Md

Must be signed by physician, if any in attendance, otherwise coronar, undertakar or minister.

LIBRARY BUREAU, 79898

Name In Full — Miss Kate Burbage — Certificate of Death

Died at — Town: Berlin — County: Worcester — MARYLAND

Date 1899 — Month: 7 — Day: 27 — Age: Y. 55 (about) M. D. — Native of: Md — Occupation: Matron

~~Male~~ / Female — White / ~~Colored~~ — ~~Married~~ / Single — ~~Widow~~ / ~~Widower~~ — ~~Divorced~~ — Number of children living: 2

~~Husband~~ / ~~Wife~~ of 24

Father's Name: Unknown. Bastard — Mother's Name: Eliza Burbage

Cause of Death — Primary: Syphilis (most probable) — How long sick: 2 or 3 years

Immediate: Edema of Brights — ~~Accident, Suicide, Homicide~~

Reported by: Ebe Holland

Address: Berlin Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 70888

Attended by Dr. .....

of .....

Seen by Coroner .....

of .....

Information contained in this certificate received

from .....

of .....

C J E

Name In Full

Certificate of Death

Alexina Downey

Died at Town: Near Berlin County: Worcester MARYLAND

Date 1899 Month: July Day: 27 | Age Y. 55 M. D. | Native of Maryland | Occupation Matron

~~Male~~ Female | White ~~Colored~~ | Married ~~Single~~ | ~~Widow~~ Widower | ~~Divorced~~ | Number of children living 5

~~Husband~~ Wife of John Downey

Father's Name

Mother's Name

Cause of Death: Primary Dysentery 84 — How long sick

Immediate Dysentery

~~Accident, Suicide, Homicide~~

Reported by Jno. W. Pitts, M.D.

Address Berlin Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 7099M

Attended by Dr._____

of_____

Seen by Coroner_____

of_____

Information contained in this certificat

ceived from_____

of_____

Name in Full: William Gibbs

Certificate of Death

Died at: Town: near Berlin; County: Worcester Co; MARYLAND

Date 1899: Month 7, Day 22; Age: Y. 20, M. —, D.; Native of: Md; Occupation: Farmer

Male ~~Female~~ | White ~~Colored~~ | ~~Married~~ ~~Single~~ | ~~Widow~~ ~~Widower~~ | ~~Divorced~~ ~~Number of children living~~

Husband / Wife of: † † ×

Father's Name: Charles

Mother's Name: Mary

Cause of Death — Primary: Typhoid fever | How long sick

Cause of Death — Immediate: Perforation | Accident, Suicide, Homicide

Reported by: E J Dunn

Address: Berlin Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 78706

Attended by Dr. E. J. Dickerson
of Berlin Md

Information contained in this certificate received from Edwin J Dickerson
of Berlin Md

Name In Full Harmon Certificate of Death

William H. Hormon

Died at Town Snowhill County Worcester Co MARYLAND

Date 1899 Month July Day 10th | Age Y. 85 M. - D. - | Native of Snowhill | Occupation Farmer

Male ~~White~~ Married ~~Widow~~ ~~Divorced~~

Female Colored ~~Single~~ ~~Widower~~ Number of children living 6

Husband of Wife Jane Horman

Father's Name — Mother's Name —

Cause of Death: Primary Dropsey & asmer 155a | How long sick 6 months

Immediate 3. weeks | Accident, Suicide, Homicide

Reported by William S Williams

Address Snowhill Worcester Co Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79[illegible]

Attended by Dr. Charles Jones.

of Knowlton Ind.

Seen by Coroner [illegible]

of [illegible]

Information contained in this certificate received

from [illegible]

of [illegible]

Name In Full Mary Henry Henry

Certificate of Death

Died at Town Synepuxcant County Worcester MARYLAND

Date 1899 Month July Day 10 | Age Y. M. D. 9 | Native of | Occupation —

Male ~~Female~~ | ~~White~~ Colored | ~~Married~~ Single | ~~Widow~~ ~~Widower~~ | ~~Divorced~~ Number of children living 4

Husband of Wife Zadaak Henry

Father's Name | Mother's Name

Cause of Death: Primary | Immediate | How long sick | Accident, Suicide, Homicide

161

Reported by C J Evans undertaker

Address Berlin Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79888

Attended by Dr. No medical attendance

of .....

Seen by Coroner .....

of .....

Information contained in this certificate received

from .....

of .....

Name In Full | Certificate of Death

William Isaac Holland.

Died at Town: Snow Hill County: Worcester Co. MARYLAND

Date 189 99. Month: July Day: 11th | Age Y. 73. M. D. | Native of: Snow Hill | Occupation: Day work.

Male ~~Male~~ ~~White~~ Married ~~Widow~~ ~~Divorced~~

~~Female~~ Colored ~~Single~~ ~~Widower~~ Number of children living 6

Husband of Wife ~~Harriett Holland.~~

Father's Name W. Isaac Holland | Mother's Name Harriett Holland.

Cause of Death: Primary lung complaint | How long sick 4. Month

Immediate yes. 77 | Accident, Suicide, Homicide

Reported by William S. Williams

Address Snow Hill Worcester Co Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79[illegible]

Did not attend him

Attended by Dr. Hydlotte 8/29

of Snowhill Md.

Seen by Coroner [illegible]

of [illegible]

Information contained in this certificate received

from [illegible]

of [illegible]

Name In Full Thomas Jones

Certificate of Death

Died at Town Welbourne County Worcester MARYLAND

Date 1899 Month July Day 23. | Age Y. 71 M. 8 D. 29 | Native of ~~Maryland~~ U.S. | Occupation Farmer

~~Male~~ ~~Female~~ White ~~Colored~~ Married ~~Single~~ ~~Widow~~ ~~Widower~~ ~~Divorced~~ Number of children living 6

Husband of Cordelia Jones
Wife

Father's Name Abel Jones

Mother's Name Mollie Jones

Cause of Death: Primary Cancer on the Lip. How long sick 17 months

Immediate Cancer " " " Accident, Suicide, Homicide

Reported by L. D. Dickerson, M.D.

Address Stockton Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79858

Name in Full

Richard R. Morgan

Certificate of Death

Died at Town Snow Hill — County Worcester — MARYLAND

Date 1899 — Month 7 — Day 9 | Age Y. 60 — M. 11 — D. 1 | Native of U S | Occupation none

Male ~~Female~~ | White ~~Colored~~ | Married ~~Single~~ | ~~Widow~~ ~~Widower~~ | ~~Divorced~~

Number of children living 6 —

Husband ~~Wife~~ of Louisa Morgan

Father's Name John Morgan

Mother's Name Barbara Morgan

Cause of Death — Primary Fistula in Ano. — How long sick 6 mos.

Immediate Asthenia 87

Accident, Suicide, Homicide

Reported by W. A. Strangton Jr.

Address Snow Hill. Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name in Full

Certificate of Death

Lizzie Mumford

Died at Near Snow Hill (Town) Worcester (County) MARYLAND

Date 1899 July 9" (Month Day) Age 53 Y. — M. — D. Native of Md Occupation Farmers Wife

~~Male~~ ~~White~~ Married ~~Widow~~ ~~Divorced~~

Female Colored ~~Single~~ ~~Widower~~ Number of children living 7

Husband ~~Wife~~ of Riley Mumford

Father's Name Isaiah Waters Mother's Name Eliza Waters

Cause of Death: Primary Tetanus 50 How long sick 3 dos.

Immediate ~~Accident~~, Suicide, ~~Homicide~~

Reported by W. A. Stranghan M.D.

Address Snow Hill Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 65968

Name In Full Boby name unknown Nicholson

Certificate of Death

Died at Town Berlin County Worcester MARYLAND

Date 1899 Month 7 Day 23 Age Y. — M. 6 D. — Native of Md Occupation —

Male ~~Female~~ White ~~Colored~~ ~~Married~~ ~~Single~~ ~~Widow~~ ~~Widower~~ ~~Divorced~~ ~~Number of children living~~

~~Husband~~ ~~of~~ ~~Wife~~

Father's Name Elijah Nicholson Mother's Name Unknown

Cause of Death: Primary Improper diet 82 — How long sick Several weeks

Immediate Marasmus — ~~Accident, Suicide, Homicide~~

Reported by E. Holland

Address Berlin Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79998

Attended by Dr. E Holland

of

Seen by Coroner

of

Information contained in this certificate received

from Observation of the

of Attending Physician

CJE

Name in Full Jno Rodgers child

Certificate of Death

Died at Town Berlin County Worcester MARYLAND

Date 1894 Month July Day 30 | Age Y. 6 M. D. about | Native of Md | Occupation —

Male | White | ~~Married~~ | ~~Widow~~ | ~~Divorced~~

Female | Colored | ~~Single~~ | Widower | Number of children living

~~Husband~~ of ~~Wife~~

Father's Name Jno Rodgers

Mother's Name Alice Rodgers

Cause of Death: Primary Cerebrospinal fever | How long sick

Immediate 139 | Accident, Suicide, Homicide

Reported by E. Holland

Address Berlin Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name in Full

Certificate of Death

Lizzie Warren

Died at Town Berlin County Worcester MARYLAND

Date 1899 Month July Day 13 Age Y. 22 M. D. Native of Maryland Occupation Servant

~~Male~~ ~~White~~ ~~Married~~ ~~Widow~~ ~~Divorced~~

Female Colored Single ~~Widower~~ Number of children living none

~~Husband~~ of ~~Wife~~

Father's Name Fenge Warren Mother's Name Sharlotte Ann Warren

Cause of Death Primary child birth 123 How long sick Two months

Immediate Puerpural Mania ~~Accident, Suicide, Homicide~~

Reported by James C. Dirickson M. D

Address Berlin

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Attended by Dr. .....

of .....

Seen by Coroner .....

of .....

Information contained in this certificate received

from .....

of .....

C J E

Name In Full: Edward White Sr.

Certificate of Death

Died at — Town: Whiton — County: Worcester county — MARYLAND

Date 1899 — Month: July — Day: 29 — Age: Y. 60 M. 11 D. 6 — Native of: Worcester — Occupation: Merchant & Guilty

Male ~~Female~~ — White ~~Colored~~ — Married ~~Single~~ — Widow ~~Widower~~ — Divorced

Number of children living: Seven

Husband of Wife: Mary C. Burbage

Father's Name: William M. White — Mother's Name: Mary G. White

Cause of Death — Primary: Mitral obstruction — How long sick: 3 weeks

Immediate: Heart failure 57 — Accident, Suicide, Homicide

Reported by: John D. White M.D.

Address: Whiton Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79898

Name in Full | Certificate of Death

Charlotte Williams

Died at Near Snow Hill (Town) Worcester (County) MARYLAND

Date 1899 July (Month) 3 (Day) | Age Y. 78 M. — D. — | Native of Md | Occupation Farmer's Wife

~~Male~~ ~~White~~ Married ~~Widow~~ ~~Divorced~~

Female Colored Single ~~Widower~~ Number of children living none

~~Husband~~ Wife of Major Williams

Father's Name Abel Harmon | Mother's Name Mary A. Harmon

Cause of Death: Primary | Immediate Dropsy 155a | How long sick 3 mos.

~~Accident, Suicide, Homicide~~

Reported by W. A. Straughn M.D.

Address Snow Hill Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

LIBRARY BUREAU, 79708